



Send completed forms to
DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

Rabies Post-Exposure Prophylaxis (PEP)

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Hospitalization

Y N DK NA

☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ Autopsy Place of death _____

Vaccination

Y N DK NA

☐ ☐ ☐ Rabies vaccine completed in past (at least 3 doses)

Date of last rabies vaccine: ____/____/____

Total # rabies doses: _____

Y N DK NA

☐ ☐ ☐ Tetanus vaccine in the last 5 years

Date of last tetanus dose: ____/____/____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

Lab submitted to: _____

P N I O NT

☐ ☐ ☐ ☐ Animal submitted for rabies testing

Date animal submitted for testing: ____/____/____

Results expected date: ____/____/____

Recommendations

Y N DK NA

☐ ☐ ☐ PEP recommended

Weight: _____

Determined by:

LHJ _____

DOH _____

HCP _____

Referral for follow-up:

LHJ _____

DOH _____

HCP _____

NOTES

EXPOSURE

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Destinations/Dates: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Animal exposure
 Type of animal exposure:
☐ Bite ☐ Saliva ☐ Scratch
☐ Bat in house ☐ Bat in sleeping area
☐ Other: _____ ☐ Unk
 Type of animal:
☐ Bat ☐ Cat ☐ Dog ☐ Ferret ☐ Raccoon
☐ Other: _____ ☐ Unk
 Animal status:
☐ Domestic ☐ Stray ☐ Wild
☐ Other: _____ ☐ Unk
 Animal description: _____
 Breed: _____
 Animal name: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Injury or exposure circumstances known
 Date of exposure: ____/____/____
 Exposure location: _____

Anatomic site of injury or wound (e.g. head, arm): _____

Circumstances of animal exposure: _____

Wound cleaned: ☐ Y ☐ N ☐ DK ☐ NAAnimal exposure provoked ☐ Y ☐ N ☐ DK ☐ NAOthers exposed to animal ☐ Y ☐ N ☐ DK ☐ NA

Y N DK NA

- ☐ ☐ ☐ ☐ Animal vaccination history known
 Animal rabies vaccination status:
☐ Unvaccinated or vaccine not current
☐ Vaccinated ☐ Unk
 Date of (animal) last rabies vaccine: ____/____/____
 Total # (animal) rabies doses: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Animal contact/control information known
 Animal owner or location (e.g. park) name: _____

Owner or location address: _____

Owner or location phone number: _____

Veterinary clinic name: _____

Clinic address: _____

Clinic phone: _____

Veterinarian name: _____

Animal control contact name: _____

Animal control contact phone: _____

☐ No risk factors or exposures identified☐ Patient could not be interviewed

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS / TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Human RIG given
 Date: ____/____/____
 Prescribing health care provider: _____
 Phone: _____
☐ RIG refused (complete refusal form)

Y N DK NA

- ☐ ☐ ☐ ☐ Rabies vaccine given
 Date of initial vaccination: ____/____/____
 Vaccine name: _____
 Prescribing health care provider: _____
 Phone: _____
☐ Vaccination refused

☐ ☐ ☐ ☐ Did case receive full series of PEP? If not, reason:☐ Animal tested negative for rabies☐ Other, specify: _____**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Animal available for observation or quarantine (cat, dog or ferret only)

PUBLIC HEALTH ACTIONSAnimal disposition: ☐ Sent for testing ☐ Under observation☐ Healthy after 10 day observation☐ Lost to follow-up ☐ Other: _____

Quarantine site contact name: _____

Quarantine site address: _____

Quarantine site phone: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____

Rabies PEP: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered